

Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

534 | Melwood Horticultural Training Center, Inc.
*WMATC No. *Name of Carrier (as shown on certificate of authority)
56106 Dower House Rd, Upper Marlboro, MD 20772
*Street Address of Principal Place of Business

Mailing Address (if different from street address)

301-599-4531 | | DPollock@melwood.org
*Telephone Number Other Telephone Fax Number E-mail

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Don Pollock | Vice President
*Name *Title
301-599-4531 | | DPollock@melwood.org
*Telephone Number Other Telephone Fax Number E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete **ONLY** if Street Address in item 1 is **OUTSIDE** Metropolitan District):

Name of Registered Agent for Service of Process

Street Address

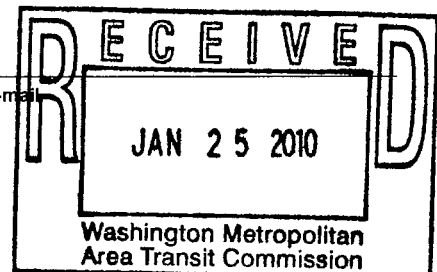
Telephone Number

Other Telephone

Fax Number

E-mail

(continued on next page)



2010 Annual Report: Revenue Vehicle List

Name: Melwood Horticultural Training Center, Inc.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. You may choose from the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list and submit it with your annual report; or (3) attach your own vehicle list. Failure to report revenue vehicles may result in a civil forfeiture.

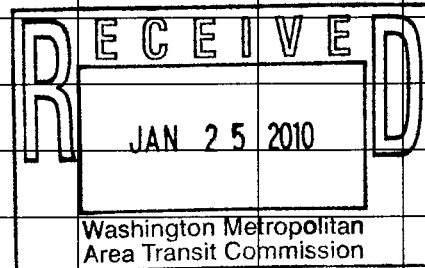
☒ Check this box if all information on this list is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
109	2006	Dodge	1D4GP24R56B596639	43212B	MD	5
211	2001	Chrysler	1C4GJ25361B206973	46209B	MD	5
219	2002	Ford	1FBSS31L52HB66536	46271B	MD	15
220	2002	Ford	1FBSS31L42HB23953	46204B	MD	15
222	2006	Chevrolet	1GAHG39U561139798	46267B	MD	15
223	2006	Chevrolet	1GAHG39U861269414 Incorrect	46253B	MD	15
224	2003	GMC	1GJHG39V531168956	46260B	MD	15
228	2003	Ford	1FDWE35L63HB39454	46213B	MD	15
231	2004	GMC	1GJHG39UX41118698	46262B	MD	15
235	1999	Ford	1FBSS31LXXHA28031	05023P	MD	15
239	2004	GMC	1GJHG39U041118712	46206B	MD	15
240	2004	Chevrolet	1GAHG39U441184616	46203B	MD	15
245	2004	Chevrolet	1GAHG39U741198851	46214B	MD	15
250	2005	Chevrolet	1GAHG39U951138751	46258B	MD	15
251	2005	Chevrolet	1GAHG39U151224457	46254B	MD	15
252	2005	Ford	1FDXE45P85HA40389	05021P	MD	20
253	2005	Ford	1FDXE45P45HA40390	05020P	MD	20
254	2005	Ford	1FDXE45P55HA60230	05022P	MD	20
257	2006	Chevrolet	1GAHG39U461133281	46211B	MD	15
263	1997	Ford	1FBJS31L6VHB05762	46205B	MD	15
280	2006	Ford	1FBSS31L16DB37998	46207B	MD	15
281	2006	Ford	1FBSS31L06DB42786	46263B	MD	15
285	2008	Ford	1FD4E45P68DB59153	46252B	MD	15
504	2000	Chrysler	2C4GJ24G0YR809837	46210B	MD	5

4. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

5. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list and return it with this form; **or** (3) attach your own vehicle list. Include all required information.

Fleet No. (If applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
223	2006	CHEV	1GAGG39U8621414	46253B	MD	15



6. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

MAUNARD F. WASH

*Name (Type or Print)

Director

*Title

Maya A. H.

*Signature

01-21-10

*Date

(end)